

FILED
MARIE RAMSEY - FIRST COURT CLERK
CANADIAN COUNTY OKLA.

OCT 13 2015

**IN THE DISTRICT COURT OF CANADIAN COUNTY
STATE OF OKLAHOMA**

BY
DEPUTY

REINALDO LOZANO,

Plaintiff,

v.

GOLDEN RULE INSURANCE COMPANY,

Defendant.

Case No.: CJ-2015- S7S

CASE ASSIGNED TO:

PETITION

JUDGE: GARY E. MILLER

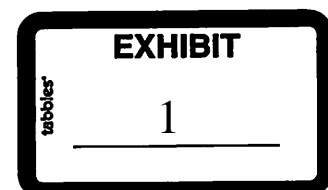
COMES NOW the Plaintiff, Reinaldo Lozano, and for his causes of action against Defendant Golden Rule Insurance Company, alleges and states as follows:

I. JURISDICTION AND VENUE

1. Plaintiff Reinaldo Lozano ("Lozano") is a resident of El Reno, Canadian County, State of Oklahoma.
2. Defendant Golden Rule Insurance Company ("Golden Rule") is an insurance company incorporated in the State of Indiana and licensed to and engaged in the business of insurance in the State of Oklahoma, including Canadian County.
3. The events which give rise to this lawsuit occurred in El Reno, Canadian County, Oklahoma.
4. The District Court in and for Canadian County has jurisdiction over the parties 12 O.S. §§ 137 and 187.

FACTS

5. Plaintiff hereby adopts and alleges each of the facts and allegations set forth in paragraphs 1-4 above.



6. Golden Rule issued an individual health insurance policy to Plaintiff, Policy No. G27SVR2012 and Certificate No. 093-172596, effective June 15, 2013 ("the Policy"), which provided health insurance to Plaintiff.

7. While the policy was in force and Plaintiff was entitled to benefits, Plaintiff fell from a roof and suffered injuries that required medical treatment. Plaintiff's injuries ultimately required surgery to his neck, which was performed on September 26, 2013.

8. Plaintiff submitted all medical bills related to the September 26, 2013 neck surgery as well as all medical bills for preoperative and postoperative appointments and rehabilitation services to Golden Rule.

9. On September 4, 2013, Plaintiff received an Explanation of Benefits from Golden Rule stating that the services received from INTEGRIS Canadian Valley Hospital on August 14, 2013 were covered and benefits were provided for in the amount of \$3903.00. (*Explanation of Benefits from Golden Rule, 09/04/13*, attached as Exhibit "1"). That same day, Plaintiff also received an Explanation of Benefits from Golden Rule stating that the services received from Radiology Associates on August 14, 2013 were covered and benefits were provided for in the amount of \$360.53. (Ex. "1").

10. Subsequently, on October 22, 2015, Plaintiff received another Explanation of Benefits from Golden Rule that showed that medical services rendered to Plaintiff relating to the neck surgery on September 26, 2013 were covered. (*Explanation of Benefits from Golden Rule, 10/22/13*, attached as Exhibit "2"). That same day, Plaintiff also received an Explanation of Benefits from Golden Rule that confirmed services provided by NeuroScience Specialists, Oklahoma Spine and American Intraoperative

Monitoring relating to the neck surgery on September 26, 2013 were covered and benefits were provided. (Ex. "2"). Lastly, on October 29, 2013, Plaintiff received an Explanation of Benefits that other services provided during the neck surgery on September 26, 2013 were covered and benefits were provided. (*Explanation of Benefits from Golden Rule*, 10/29/13, attached as Exhibit "3").

11. Notwithstanding the above, on December 9, 2013, Plaintiff received an Explanation of Benefits from Golden Rule stating that services provided by Oklahoma Spine on September 19, 2013 were not covered and no benefits were provided because "THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE." (*Explanation of Benefits from Golden Rule*, 12/09/13, attached as Exhibit "4"). Plaintiff received another Explanation of Benefits from Golden Rule on December 9, 2013 that services provided by NeuroScience Specialists relating to the surgery on September 26, 2013 as well as postoperative services at the end of September and in October were not covered for the same reasons. (Ex. "4"). Some of the Explanation of Benefits documents also state "PLEASE REFER TO OUR LETTER DATED 12/05/13". (Ex. "4").

12. That same day, Plaintiff also received another Explanation of Benefits from Golden Rule that services provided on October 26, 2013 by Healthcare One were not covered and no benefits were provided and stated "PLEASE REFER TO OUR LETTER DATED 12/05/13" and "THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE." (Ex. "4"). Lastly, Plaintiff was provided with Explanation of Benefits from Golden Rule that all other services provided during his

neck surgery as well as postoperative services in October by various providers were not covered on the same basis as previous denials. (Ex. "4").

13. Again, on December 17, 2013, Plaintiff was provided Explanation of Benefits from Golden Rule that confirmed that medical services provided during his neck surgery and postoperative services, including rehabilitation services, were not covered because "THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE." (*Explanation of Benefits from Golden Rule*, 12/17/13, attached as Exhibit "5").

14. Next, on December 20, 2013, Plaintiff received an Explanation of Benefits that services provided on December 3, 2015 by Healthcare One and services provided in October by Radiology Consultants were not covered and no benefits were provided on the same basis as the previous denials. (*Explanation of Benefits*, 12/20/13, attached as Exhibit "6").

15. Finally, on January 2, 2014, Plaintiff was provided with an Explanation of Benefits from Golden Rule that all services provided by NeuroScience Specialists following the surgery were not covered and no benefits were provided on the same basis as the previous denials. (*Explanation of Benefits from Golden Rule*, 01/02/14, attached as Exhibit "7").

16. The December 5, 2013 letter that Golden Rule directed Plaintiff to reference in the Explanation of Benefits documents states as follows:

As indicated in our previous letter¹, your coverage has been terminated.

After reviewing our records, it was determined that you are not due a refund. We apologize for any confusion our letter dated December 2, 2013, may have caused you.

If you have any questions or concerns, please contact our Client Services department.

(Letter from Golden Rule to Reinaldo Lozano, 12/05/13, attached as Exhibit "9").

17. Upon information and belief, Plaintiff was informed by Golden Rule that it was going to seek reimbursement from Plaintiff's providers for any medical bills that were paid after Golden Rule terminated the Policy.

FIRST CAUSE OF ACTION – BREACH OF CONTRACT

18. Plaintiff hereby adopts and realleges each of the facts and allegations set forth in paragraphs 1-17 above.

19. Golden Rule breached the contract by refusing to pay Plaintiff's health insurance claim and benefits that were covered and due under the Policy.

20. As a direct result of Defendant's breach of contract, Plaintiff has suffered damages.

21. Plaintiff has been forced and compelled to hire an attorney to prosecute this action.

22. Plaintiff is entitled to recover his costs and attorney fees associated with this action.

23. As a direct and proximate result of Defendant's breach of the insurance contract, Plaintiff has suffered damages in excess of Ten Thousand Dollars (\$10,000),

¹ Although it references a "previous letter," Plaintiff has no record of receiving such a letter at any time, either prior to or after Golden Rule's December 5, 2013 letter, that explains or describes why the Policy was terminated.

with interest, costs, a reasonable attorney fee and all other relief which the Court may deem just and equitable.

**SECOND CAUSE OF ACTION – BREACH OF THE DUTY OF GOOD FAITH
AND FAIR DEALING**

24. Plaintiff hereby adopts and realleges each of the facts and allegations set forth in paragraphs 1-23 above.

25. As an insurance company licensed to do business in the State of Oklahoma, Defendant is bound by Oklahoma statutory and common law to honor its contractual obligations to its insureds in good faith. As such, Defendant has and continues to have a duty to deal fairly and in good faith with Plaintiff, its insured.

26. Defendant breached its duty to deal fairly and in good faith with Plaintiff because Defendant must conduct a full, fair and timely investigation and properly evaluate and promptly pay Plaintiff's claim.

27. Defendant breached its duty to deal fairly and in good faith with Plaintiff because Defendant put its own interests ahead of Plaintiff by terminating the Policy and retroactively denying properly owed benefits in an attempt to save Defendant money.

28. Defendant breached its duty to deal fairly and in good faith with Plaintiff because Defendant terminated the Policy without any policy provision basis and provided no explanation of the termination to Plaintiff.

29. As a result Defendant's breach of their duty to deal fairly and in good faith, Plaintiff suffered damages in excess of the amount required for diversity jurisdiction pursuant to 28 U.S.C. § 1332, with interest, costs, a reasonable attorney fee, and such other relief as may be just and equitable.

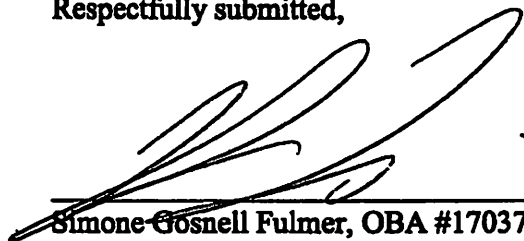
30. Defendant's breach of the duty of good faith and fair dealing was intentional and malicious.

31. Punitive damages should be awarded against Defendant in an amount sufficient to punish Defendant and deter others.

WHEREFORE, Plaintiff Reinaldo Lozano prays for judgment against Defendant Golden Rule Insurance Company for an amount in excess of the amount required for diversity jurisdiction pursuant to 28 U.S.C. § 1332, together with costs, interest, reasonable attorney fees, and other relief which this Court deems just and equitable.

Respectfully submitted,

**ATTORNEYS' LIEN CLAIMED
JURY TRIAL DEMANDED**



Simone Gosnell Fulmer, OBA #17037

Jacob L. Rowe, OBA #21797

Harrison C. Lujan, OBA #30154

FULMER GROUP, PLLC

P.O. Box 2448

1101 N. Broadway Ave., Suite 102

Oklahoma City, OK 73101

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ATTORNEYS FOR PLAINTIFF

Golden Rule®

A UnitedHealthcare Company
P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

2488474608008402

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

Date: 09/04/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13238-42238-00



SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
08/14-08/14/13	INTEGRIS CANAD	4638.00	3903.00	3903.00	01		3903.00	
TOTALS		4638.00	3903.00	3903.00			3903.00	
				LESS DEDUCTIBLE OR COPAYMENT AMOUNT			3903.00	
				BALANCE				

----- REMARK SECTION -----

— \$3903.00 OF YOUR 01/01/2013 THROUGH 12/31/2013 PLAN YEAR DEDUCTIBLE HAS BEEN MET. \$6097.00 IS LEFT TO BE SATISFIED.

01 THE REPRICED AMOUNT REFLECTS A NEGOTIATED FEE FROM A NETWORK PROVIDER.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

EXHIBIT 1

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

Golden Rule®

A United Healthcare Company
P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

240047400000000001

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 09/04/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13227-46715-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
08/13-08/13/13	HEALTHCARE ONE	150.00	.00	150.00	01 02 03			
08/13-08/13/13	HEALTHCARE ONE	99.00	60.68	.00	03			
08/13-08/13/13	HEALTHCARE ONE	10.00	3.22	.00	03			
TOTALS		259.00	63.90	150.00				

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

----- REMARK SECTION -----

01 THE CHARGE WAS REPRICED TO ZERO
BY YOUR NETWORK.

02 CHARGE WAS REPRICED ACCORDING TO NETWORK
CONTRACT.

03 YOUR PLAN DOES NOT COVER THIS
OUTPATIENT SERVICE. THE PROVIDER MAY
BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

Golden Rule

A UnitedHealthcare Company
P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**



24584746000000000000

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 09/04/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13242-49603-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
08/14-08/14/13	RADIOLOGY ASSO	215.00	123.23	123.23	01		123.23	
08/14-08/14/13	RADIOLOGY ASSO	215.00	123.23	123.23	01		123.23	
08/14-08/14/13	RADIOLOGY ASSO	199.00	114.07	114.07	01		114.07	
TOTALS		629.00	360.53	360.53			360.53	
						LESS DEDUCTIBLE OR COPAYMENT AMOUNT		
						BALANCE		
							360.53	

----- REMARK SECTION -----

-- \$4263.53 OF YOUR 01/01/2013 THROUGH 12/31/2013 PLAN YEAR DEDUCTIBLE HAS BEEN MET. \$5736.47 IS LEFT TO BE SATISFIED.

01 THE REPRICED AMOUNT REFLECTS A NEGOTIATED FEE FROM A NETWORK PROVIDER.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME

DRAFT AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

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A UnitedHealthcare Company
P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

Date: 10/15/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13267-42864-00

307647400C0202001

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/19-09/19/13	OKLAHOMA SPINE	121.00	108.90	.00	01			
09/19-09/19/13	OKLAHOMA SPINE	143.00	128.70	.00	01			
TOTALS		264.00	237.60	.00				

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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about this claim or additional
information you wish us to
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**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

2848474GDT0008610

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 10/22/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13288-52174-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	OKLAHOMA RADIO	40.00	13.77	13.77	01		13.77	
TOTALS		40.00	13.77	13.77			13.77	

----- REMARK SECTION -----

01 THE REPRICED AMOUNT REFLECTS A
NEGOTIATED FEE FROM A NETWORK
PROVIDER.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

13.77

PAYABLE AT:
100% **13.77**

TOTAL AVAILABLE BENEFIT:

13.77

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

13.77

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME
OKLAHOMA RADIO

DRAFT
AMOUNT
13.77

TOTAL DRAFTS PAYABLE:

13.77

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

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P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

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Salt Lake City, UT 84131-0374
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**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

2946474COT0005803

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 10/22/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13275-55261-01

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	NEUROSCIENCE S	410.00	31.10	23.33	01 02		23.33	
TOTALS		410.00	31.10	23.33			23.33	
LESS DEDUCTIBLE OR COPAYMENT AMOUNT							23.33	
BALANCE								

----- REMARK SECTION -----

— \$671.15 HAS BEEN APPLIED TO YOUR \$20000 OUT OF NETWORK DEDUCTIBLE.

01 THE PROVIDER IS NOT IN YOUR NETWORK, BUT HAS AGREED TO A DISCOUNTED AMOUNT.

02 \$7.77 IS THE TOTAL OUT OF NETWORK PENALTY ON THIS CLAIM, SINCE THE PROVIDER IS NOT IN YOUR NETWORK.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

EXHIBIT 2

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

Golden Rule®

A UnitedHealthcare Company
P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

2848674C0T0005807

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 10/22/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13277-60517-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	AMERICAN INTRA	852.00	724.20	543.15	01 02		543.15	
09/26-09/26/13	AMERICAN INTRA	250.00	212.50	159.38	01 02		159.38	
09/26-09/26/13	AMERICAN INTRA	2856.00	2427.60	1820.70	01 02		1820.70	
09/26-09/26/13	AMERICAN INTRA	921.00	782.85	587.14	01 02		587.14	
09/26-09/26/13	AMERICAN INTRA	1965.00	1670.25	1252.69	01 02		1252.69	
TOTALS		6844.00	5817.40	4363.06			4363.06	

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

2349.96

----- REMARK SECTION -----

-- \$10000.00 OF YOUR 01/01/2013 THROUGH
12/31/2013 PLAN YEAR DEDUCTIBLE HAS BEEN
MET. \$0.00 IS LEFT TO BE SATISFIED.

01 THE PROVIDER IS NOT IN YOUR NETWORK, BUT
HAS AGREED TO A DISCOUNTED AMOUNT.

02 \$1454.34 IS THE TOTAL OUT OF NETWORK
PENALTY ON THIS CLAIM, SINCE THE
PROVIDER IS NOT IN YOUR NETWORK.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

BALANCE

2013.10

PAYABLE AT:
80%

1610.48

TOTAL AVAILABLE BENEFIT:

1610.48

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

1610.48

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME
AMERICAN INTRA

DRAFT
AMOUNT
1610.48

TOTAL DRAFTS PAYABLE:

1610.48

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

Golden Rule®

A UnitedHealthcare Company
P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

Date: 10/22/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13280-07384-00

2948474G070005008

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/30/13	OKLAHOMA SPINE	3200.00	2784.00	2088.00	01 02		2088.00	
09/26-09/30/13	OKLAHOMA SPINE	55755.00	48568.00	36426.00	01 02		36426.00	
TOTALS		58955.00	51352.00	38514.00			38514.00	

----- REMARK SECTION -----

01 THE PROVIDER IS NOT IN YOUR NETWORK, BUT HAS AGREED TO A DISCOUNTED AMOUNT.

02 \$12838.00 IS THE TOTAL OUT OF NETWORK PENALTY ON THIS CLAIM, SINCE THE PROVIDER IS NOT IN YOUR NETWORK.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

38514.00

PAYABLE AT:

80%
100%

10389.52
25527.10

TOTAL AVAILABLE BENEFIT:

35916.62

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

35916.62

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME
OKLAHOMA SPINE

DRAFT
AMOUNT
35916.62

TOTAL DRAFTS PAYABLE:

35916.62

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

Golden Rule®

A UnitedHealthcare Company
P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

Date: 10/22/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13275-55261-00

2948474COT0005502

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	NEUROSCIENCE S	137.50	10.31	7.74	01 02		7.74	
09/26-09/26/13	NEUROSCIENCE S	134.50	16.11	12.09	01 02		12.09	
09/26-09/26/13	NEUROSCIENCE S	200.00	15.00	11.25	01 02		11.25	
09/26-09/26/13	NEUROSCIENCE S	2683.75	241.54	181.16	01 02		181.16	
09/26-09/26/13	NEUROSCIENCE S	1325.00	178.08	133.56	01 02		133.56	
09/26-09/26/13	NEUROSCIENCE S	358.75	48.96	36.72	01 02		36.72	
09/26-09/26/13	NEUROSCIENCE S	2015.75	110.72	83.04	01 02		83.04	
09/26-09/26/13	NEUROSCIENCE S	1640.00	243.01	182.26	01 02		182.26	
TOTALS		8495.25	863.73	647.82			647.82	

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

647.82

----- REMARK SECTION -----

-- \$647.82 HAS BEEN APPLIED TO YOUR
\$20000 OUT OF NETWORK DEDUCTIBLE.

BALANCE

PAYABLE AT:

01 THE PROVIDER IS NOT IN YOUR NETWORK, BUT
HAS AGREED TO A DISCOUNTED AMOUNT.

02 \$215.91 IS THE TOTAL OUT OF NETWORK
PENALTY ON THIS CLAIM, SINCE THE
PROVIDER IS NOT IN YOUR NETWORK.

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

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Salt Lake City, UT 84131-0374
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THIS IS NOT A BILL.**



2848474CST0005004

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 10/22/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13275-55262-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	NEUROSCIENCE S	550.00	412.50	309.38	01 02		309.38	
09/26-09/26/13	NEUROSCIENCE S	538.00	161.14	120.86	01 02		120.86	
09/26-09/26/13	NEUROSCIENCE S	800.00	600.00	450.00	01 02		450.00	
09/26-09/26/13	NEUROSCIENCE S	10735.00	9661.50	7246.13	01 02		7246.13	
09/26-09/26/13	NEUROSCIENCE S	5300.00	1780.75	1335.57	01 02		1335.57	
09/26-09/26/13	NEUROSCIENCE S	1435.00	489.60	367.20	01 02		367.20	
09/26-09/26/13	NEUROSCIENCE S	8063.00	1107.21	830.41	01 02		830.41	
09/26-09/26/13	NEUROSCIENCE S	6560.00	2430.12	1822.59	01 02		1822.59	
TOTALS		33981.00	16642.82	12482.14			12482.14	

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

12482.14

BALANCE

----- REMARK SECTION -----

-- \$7416.82 OF YOUR 01/01/2013 THROUGH
12/31/2013 PLAN YEAR DEDUCTIBLE HAS BEEN
MET. \$2583.18 IS LEFT TO BE SATISFIED.

-- \$17416.82 HAS BEEN APPLIED TO YOUR
\$20000 OUT OF NETWORK DEDUCTIBLE.

01 THE PROVIDER IS NOT IN YOUR NETWORK, BUT
HAS AGREED TO A DISCOUNTED AMOUNT.

02 \$4160.68 IS THE TOTAL OUT OF NETWORK
PENALTY ON THIS CLAIM, SINCE THE
PROVIDER IS NOT IN YOUR NETWORK.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHOME.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAMEDRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
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THIS IS NOT A BILL.**

20460740070005006

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 10/22/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13275-55262-01



SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	NEUROSCIENCE S	1640.00	310.96	233.22	01 02		233.22	
TOTALS		1640.00	310.96	233.22			233.22	
						LESS DEDUCTIBLE OR COPAYMENT AMOUNT	233.22	
						BALANCE		

----- REMARK SECTION -----

— \$7650.04 OF YOUR 01/01/2013 THROUGH 12/31/2013 PLAN YEAR DEDUCTIBLE HAS BEEN MET. \$2349.96 IS LEFT TO BE SATISFIED.

01 THE PROVIDER IS NOT IN YOUR NETWORK, BUT HAS AGREED TO A DISCOUNTED AMOUNT.

02 \$77.74 IS THE TOTAL OUT OF NETWORK PENALTY ON THIS CLAIM, SINCE THE PROVIDER IS NOT IN YOUR NETWORK.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHOME.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

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P.O. Box 31374
Salt Lake City, Utah 84131-0374
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Salt Lake City, UT 84131-0374
(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

Date: 10/29/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13287-05133-00

301847460C0212301

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	AFFILIATED ANE	3420.00	1746.00	1746.00	01		1746.00	
TOTALS		3420.00	1746.00	1746.00			1746.00	

----- REMARK SECTION -----

01 THE REPRICED AMOUNT REFLECTS A
NEGOTIATED FEE FROM A NETWORK
PROVIDER.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

1746.00

PAYABLE AT:
100%

1746.00

TOTAL AVAILABLE BENEFIT:

1746.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

1746.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME
AFFILIATED ANE

DRAFT
AMOUNT
1746.00

EXHIBIT 3

TOTAL DRAFTS PAYABLE:

1746.00

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

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Salt Lake City, Utah 84131-0374
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7:00 am - 5:00 pm (CST)

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**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**



34064742070007202

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13267-42864-20

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/19-09/19/13	OKLAHOMA SPINE	121.00	108.90	.00	01 02			
09/19-09/19/13	OKLAHOMA SPINE	143.00	128.70	.00	01 02			
TOTALS		264.00	237.60	.00				

----- REMARK SECTION -----

01 THESE EXPENSES WERE INCURRED AFTER THE COVERAGE TERMINATED. THE PROVIDER MAY BILL YOU THE ORIGINAL TOTAL CHARGE.

02 YOUR PLAN DOES NOT COVER THIS OUTPATIENT SERVICE. THE PROVIDER MAY BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

B A L A N C E

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

EXHIBIT 4

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

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P.O. Box 31374
Salt Lake City, Utah 84131-0374
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THIS IS NOT A BILL.**

3408474GDT0007222

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13325-52571-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/26-10/26/13	HEALTHCARE ONE	150.00		.00	01 02			
10/26-10/26/13	HEALTHCARE ONE	80.00		.00	01 02			
10/26-10/26/13	HEALTHCARE ONE	146.00	91.02	.00	01 02			
TOTALS		376.00	91.02	.00				

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER DATED
12/05/13

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
BILL YOU THE ORIGINAL TOTAL CHARGE.

02 YOUR PLAN DOES NOT COVER THIS
OUTPATIENT SERVICE. THE PROVIDER MAY
BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

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Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
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(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13275-55261-20

34064742070007203

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	NEUROSCIENCE S	137.50	10.31	.00	01			
09/26-09/26/13	NEUROSCIENCE S	134.50	16.11	.00	01			
09/26-09/26/13	NEUROSCIENCE S	200.00	15.00	.00	01			
09/26-09/26/13	NEUROSCIENCE S	2683.75	241.54	.00	01			
09/26-09/26/13	NEUROSCIENCE S	1325.00	178.08	.00	01			
09/26-09/26/13	NEUROSCIENCE S	358.75	48.96	.00	01			
09/26-09/26/13	NEUROSCIENCE S	2015.75	110.72	.00	01			
09/26-09/26/13	NEUROSCIENCE S	1640.00	243.01	.00	01			
TOTALS		8495.25	863.73	.00				

----- REMARK SECTION -----

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
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34064740070007204

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13275-55262-20

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	NEUROSCIENCE S	550.00	412.50	.00	01			
09/26-09/26/13	NEUROSCIENCE S	538.00	161.14	.00	01			
09/26-09/26/13	NEUROSCIENCE S	800.00	600.00	.00	01			
09/26-09/26/13	NEUROSCIENCE S	10735.00	9661.50	.00	01			
09/26-09/26/13	NEUROSCIENCE S	5300.00	1780.75	.00	01			
09/26-09/26/13	NEUROSCIENCE S	1435.00	489.60	.00	01			
09/26-09/26/13	NEUROSCIENCE S	8063.00	1107.21	.00	01			
09/26-09/26/13	NEUROSCIENCE S	6560.00	2430.12	.00	01			
TOTALS		33981.00	16642.82	.00				

----- REMARK SECTION -----

AA PLEASE REFER TO LETTER
DATED 12/5/13

RECONSIDERATION OF BENEFITS.

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

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Salt Lake City, Utah 84131-0374
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(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13275-55262-21

340847450T0007205

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	NEUROSCIENCE S	1640.00	310.96	.00	01			
TOTALS		1640.00	310.96	.00				

----- REMARK SECTION -----

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
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THIS IS NOT A BILL.**

340847460T0007203

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13280-53793-00



SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/30-09/30/13	NEUROSCIENCE S	285.00	277.83	.00	01			
10/01-10/01/13	NEUROSCIENCE S	105.00	102.39	.00	01			
10/02-10/02/13	NEUROSCIENCE S	65.00	57.07	.00	01			
TOTALS		455.00	437.29	.00				
LESS DEDUCTIBLE OR COPAYMENT AMOUNT								
BALANCE								

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER DATED
12/05/13

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

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P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

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THIS IS NOT A BILL.**



340847460T0007207

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13282-56307-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/03-10/03/13	NEUROSCIENCE S	105.00	102.39	.00	01			
10/04-10/04/13	NEUROSCIENCE S	65.00	57.07	.00	01			
10/05-10/05/13	NEUROSCIENCE S	65.00	57.07	.00	01			
10/06-10/06/13	NEUROSCIENCE S	65.00	57.07	.00	01			
TOTALS		300.00	273.60	.00				

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER DATED
12/05/13

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

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**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13287-05133-20

34084740070007208

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	AFFILIATED ANE	3420.00	1746.00	.00	01			
TOTALS		3420.00	1746.00	.00				
					LESS DEDUCTIBLE OR COPAYMENT AMOUNT			
					BALANCE			

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER
DATED 12/5/13

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

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P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

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P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13288-52174-20

34084746070007200

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	OKLAHOMA RADIO	40.00	13.77	.00	01			
TOTALS		40.00	13.77	.00				

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER
DATED 12/5/13

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

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34084740070007210

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13289-55006-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/10-10/10/13	NEUROSCIENCE S	65.00	57.07	.00	01			
TOTALS		65.00	57.07	.00				

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER DATED
12/05/13

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LESS DEDUCTIBLE OR
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BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

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Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13289-55007-00

34084766070007211

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/12-10/12/13	NEUROSCIENCE S	65.00	57.07	.00	01			
10/13-10/13/13	NEUROSCIENCE S	65.00	57.07	.00	01			
TOTALS		130.00	114.14	.00				

----- REMARK SECTION -----

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12/05/13

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BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

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34084740070007212

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13289-55009-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/07-10/07/13	NEUROSCIENCE S	65.00	57.07	.00	01			
10/08-10/08/13	NEUROSCIENCE S	105.00	102.39	.00	01			
10/09-10/09/13	NEUROSCIENCE S	65.00	57.07	.00	01			
TOTALS		235.00	216.53	.00				

----- REMARK SECTION -----

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COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

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34084740070007213

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13294-61983-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/14-10/14/13	NEUROSCIENCE S	65.00	57.07	.00	01			
10/15-10/15/13	NEUROSCIENCE S	145.00	145.00	.00	01			
10/16-10/16/13	NEUROSCIENCE S	161.00	149.07	.00	01			
TOTALS		371.00	351.14	.00				

----- REMARK SECTION -----

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COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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34084740070007214

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13295-47493-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/03-10/03/13	OKLAHOMA MULTI	448.00	225.50	.00	01			
10/07-10/07/13	OKLAHOMA MULTI	230.00	119.00	.00	01			
10/10-10/11/13	OKLAHOMA MULTI	460.00	238.00	.00	01			
10/14-10/15/13	OKLAHOMA MULTI	460.00	238.00	.00	01			
TOTALS		1598.00	820.50	.00				

----- REMARK SECTION -----

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COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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34064760070007215

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13301-52761-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/02-10/02/13	RADIOLOGY CONS	36.00	13.80	.00	01 02			
TOTALS		36.00	13.80	.00				

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER DATED
12/05/13

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02 YOUR PLAN DOES NOT COVER THIS
OUTPATIENT SERVICE. THE PROVIDER MAY
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COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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340847400Y0007210

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013

Insured: REINALDO LOZANO

ID Number: 093172596

Claimant: REINALDO LOZANO

Control Number: 13301-52762-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	190.00	52.81	.00	01 02			
10/01-10/01/13	RADIOLOGY CONS	36.00	13.80	.00	01 02			
TOTALS		226.00	66.61	.00				

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER DATED
12/05/13

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LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
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Salt Lake City, Utah 84131-0374
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34064742070007217

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13301-52764-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	36.00	13.80	.00	01 02			
TOTALS		36.00	13.80	.00				

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER DATED
12/05/13

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COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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(800) 657-8205

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Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13301-52765-00

34004740070007213

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	36.00	13.80	.00	01 02			
TOTALS		36.00	13.80	.00				
LESS DEDUCTIBLE OR COPAYMENT AMOUNT								
BALANCE								

----- REMARK SECTION -----

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PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAMEDRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

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34084740070007210

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13301-52766-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	125.00	34.80	.00	01 02			
TOTALS		125.00	34.80	.00				

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER DATED
12/05/13

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BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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34084740070007220

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13301-52767-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/02-10/02/13	RADIOLOGY CONS	190.00	52.81	.00	01 02			
TOTALS		190.00	52.81	.00				

----- REMARK SECTION -----

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12/05/13

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PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

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PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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J40847400T0007221

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/09/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13312-55867-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/25-10/25/13	NEUROSCIENCE S	0.00		.00	01 02			
10/25-10/25/13	NEUROSCIENCE S	155.00	36.33	.00	01 02			
TOTALS		155.00	36.33	.00				

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

----- **REMARK SECTION** -----

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PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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3508474GSC0230101

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/17/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13275-55261-21

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	NEUROSCIENCE S	410.00	31.10	.00	01			
TOTALS		410.00	31.10	.00				
					LESS DEDUCTIBLE OR COPAYMENT AMOUNT			
					BALANCE			

----- REMARK SECTION -----

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

EXHIBIT 5

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

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Salt Lake City, UT 84131-0374
(800) 657-8205

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THIS IS NOT A BILL.**



350847400C0230102

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/17/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13277-60517-20

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/26/13	AMERICAN INTRA	852.00	724.20	.00	01			
09/26-09/26/13	AMERICAN INTRA	250.00	212.50	.00	01			
09/26-09/26/13	AMERICAN INTRA	2856.00	2427.60	.00	01			
09/26-09/26/13	AMERICAN INTRA	921.00	782.85	.00	01			
09/26-09/26/13	AMERICAN INTRA	1965.00	1670.25	.00	01			
TOTALS		6844.00	5817.40	.00				

----- REMARK SECTION -----

AA CORRECTION TO FILE

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
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FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAMEDRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
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Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
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Salt Lake City, UT 84131-0374
(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

Date: 12/17/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13280-07384-20

3500474G8C0239103

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/26-09/30/13	OKLAHOMA SPINE	3200.00	2784.00	.00	01			
09/26-09/30/13	OKLAHOMA SPINE	55755.00	48568.00	.00	01			
TOTALS		58955.00	51352.00	.00				

----- REMARK SECTION -----

AA CORRECTION TO FILE

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LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAMEDRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
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(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
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Date: 12/17/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13295-43519-00

30047400C0230104

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/30-10/16/13	MERCY REHABILI	12800.00	8192.00	.00	01			
09/30-10/16/13	MERCY REHABILI	26427.95	17248.00	.00	01			
TOTALS		39227.95	25440.00	.00				

----- REMARK SECTION -----

AA PLEASE REFER TO OUR LETTER DATED
12/05/13

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
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COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

**PROVIDER
NAME**

**DRAFT
AMOUNT**

TOTAL DRAFTS PAYABLE:

If you have any questions
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38304746000085502

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

Date: 12/20/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13340-46861-00



SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
12/03-12/03/13	HEALTHCARE ONE	150.00		.00	01 02			
12/03-12/03/13	HEALTHCARE ONE	146.00	91.02	.00	01 02			
TOTALS		296.00	91.02	.00				

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

----- **REMARK SECTION** -----

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
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02 YOUR PLAN DOES NOT COVER THIS
OUTPATIENT SERVICE. THE PROVIDER MAY
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ANSWERS TO YOUR QUESTIONS 24/7 AT
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PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

EXHIBIT 6

TOTAL DRAFTS PAYABLE:

If you have any questions
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38384740000068803

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/20/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13340-54743-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	190.00	52.81	.00	01 02			
10/01-10/01/13	RADIOLOGY CONS	36.00	13.80	.00	01 02			
TOTALS		226.00	66.61	.00				

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

----- **REMARK SECTION** -----

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PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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Salt Lake City, Utah 84131-0374
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Date: 12/20/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13340-54746-00

353847460000000004

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	36.00	13.80	.00	01 02			
TOTALS		36.00	13.80	.00				

----- REMARK SECTION -----

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COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

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Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

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35384746000085508

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/20/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13340-54747-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/02-10/02/13	RADIOLOGY CONS	190.00	52.81	.00	01 02			
TOTALS		190.00	52.81	.00				

----- REMARK SECTION -----

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COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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Golden Rule Insurance Company
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(800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
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Date: 12/20/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13340-54748-00

183047400000000000

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	125.00	34.80	.00	01 02			
TOTALS		125.00	34.80	.00				

----- REMARK SECTION -----

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02 YOUR PLAN DOES NOT COVER THIS OUTPATIENT SERVICE. THE PROVIDER MAY BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

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LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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38384740000085807

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/20/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13340-54756-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/01-10/01/13	RADIOLOGY CONS	36.00	13.80	.00	01 02			
TOTALS		36.00	13.80	.00				

----- REMARK SECTION -----

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LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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363647400000085608

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 12/20/2013
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13340-54762-00



SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/02-10/02/13	RADIOLOGY CONS	36.00	13.80	.00	01 02			
TOTALS		36.00	13.80	.00				

----- REMARK SECTION -----

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02 YOUR PLAN DOES NOT COVER THIS OUTPATIENT SERVICE. THE PROVIDER MAY BILL YOU FOR THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHOME.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions about your claim or additional information you wish us to review, please contact:

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Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
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**THIS IS AN EXPLANATION OF BENEFITS.
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Date: 01/02/2014
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13336-59781-00

3858474C000162006

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
09/30-09/30/13	NEUROSCIENCE S	285.00	277.83	.00	01			
10/01-10/01/13	NEUROSCIENCE S	105.00	102.39	.00	01			
10/02-10/02/13	NEUROSCIENCE S	65.00	57.07	.00	01			
TOTALS		455.00	437.29	.00				

----- REMARK SECTION -----

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FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

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COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

EXHIBIT 7

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

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Date: 01/02/2014
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13336-47966-00

38564740000152801

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/14-10/14/13	NEUROSCIENCE S	65.00	57.07	.00	01			
10/15-10/15/13	NEUROSCIENCE S	145.00	145.00	.00	01			
10/16-10/16/13	NEUROSCIENCE S	161.00	149.07	.00	01			
TOTALS		371.00	351.14	.00				
					LESS DEDUCTIBLE OR COPAYMENT AMOUNT			
					BALANCE			

----- REMARK SECTION -----

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PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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about this claim or additional
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Date: 01/02/2014
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13336-57532-00

3858474C0000192802

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/10-10/10/13	NEUROSCIENCE S	65.00	57.07	.00	01			
TOTALS		65.00	57.07	.00				
					LESS DEDUCTIBLE OR COPAYMENT AMOUNT			
					BALANCE			

----- REMARK SECTION -----

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TOTAL AVAILABLE BENEFIT:

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ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

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SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAMEDRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**



30584745000152003

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Date: 01/02/2014
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13336-57533-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/03-10/03/13	NEUROSCIENCE S	105.00	102.39	.00	01			
10/04-10/04/13	NEUROSCIENCE S	65.00	57.07	.00	01			
10/05-10/05/13	NEUROSCIENCE S	65.00	57.07	.00	01			
10/06-10/06/13	NEUROSCIENCE S	65.00	57.07	.00	01			
TOTALS		300.00	273.60	.00				

----- REMARK SECTION -----

01 THESE EXPENSES WERE INCURRED AFTER THE
COVERAGE TERMINATED. THE PROVIDER MAY
BILL YOU THE ORIGINAL TOTAL CHARGE.

FIND INFORMATION ABOUT YOUR PLAN AND
ANSWERS TO YOUR QUESTIONS 24/7 AT
MYUHONE.COM

LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions
about this claim or additional
information you wish us to
review, please contact:

Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)

Golden Rule®

A UnitedHealthcare Company
P.O. Box 31374
Salt Lake City, UT 84131-0374
(800) 857-8205

**THIS IS AN EXPLANATION OF BENEFITS.
THIS IS NOT A BILL.**

Date: 01/02/2014
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13336-58186-00

38884742000152804

**REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910**

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/12-10/12/13	NEUROSCIENCE S	65.00	57.07	.00	01			
10/13-10/13/13	NEUROSCIENCE S	65.00	57.07	.00	01			
TOTALS		130.00	114.14	.00				
LESS DEDUCTIBLE OR COPAYMENT AMOUNT								
BALANCE								

----- REMARK SECTION -----

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FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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Date: 01/02/2014
Insured: REINALDO LOZANO
ID Number: 093172596
Claimant: REINALDO LOZANO
Control Number: 13336-59780-00

38504740000192808

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
10/07-10/07/13	NEUROSCIENCE S	65.00	57.07	.00	01			
10/08-10/08/13	NEUROSCIENCE S	105.00	102.39	.00	01			
10/09-10/09/13	NEUROSCIENCE S	65.00	57.07	.00	01			
TOTALS		235.00	216.53	.00				

----- REMARK SECTION -----

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LESS DEDUCTIBLE OR
COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

TOTAL AVAILABLE BENEFIT:

.00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

.00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER
NAME

DRAFT
AMOUNT

TOTAL DRAFTS PAYABLE:

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Golden Rule Insurance Company
P.O. Box 31374
Salt Lake City, Utah 84131-0374
Telephone (800) 657-8205
7:00 am - 5:00 pm (CST)



December 5, 2013

REINALDO LOZANO
114 N HOFF AVE
EL RENO OK 73036-2910

Subject: ID Number 093-172-596 **CORRECTED LETTER**

Dear Mr. Lozano:

As indicated in our previous letter, your coverage has been terminated.

After reviewing our records, it was determined that you are not due a refund. We apologize for any confusion our letter dated December 2, 2013, may have caused you.

If you have any questions or concerns, please contact our Client Services department.

Sincerely,

Policy Administration

Golden Rule Insurance Company
Home Office
712 Eleventh Street
Lawrenceville, Illinois 62439
(800) 657-8205
www.myuhone.com

EXHIBIT 8

67RRV PLT066-1